FILE 'HOME' ENTERED AT 17:44:06 ON 15 JUN 2005

=> FIL STNGUIDE
COST IN U.S. DOLLARS

	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	0.21	0.21

FILE 'STNGUIDE' ENTERED AT 17:44:12 ON 15 JUN 2005
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LAST RELOADED: Jun 10, 2005 (20050610/UP).

=> FIL HOME
COST IN U.S. DOLLARS

	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	0.06	0.27

FILE 'HOME' ENTERED AT 17:44:16 ON 15 JUN 2005

=> index bioscience
FILE 'DRUGMONOG' ACCESS NOT AUTHORIZED
COST IN U.S. DOLLARS

	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	0.21	0.48

INDEX 'ADISCTI, ADISINSIGHT, ADISNEWS, AGRICOLA, ANABSTR, ANTE, AQUALINE,
AQUASCI, BIOBUSINESS, BIOCOMMERCE, BIOENG, BIOSIS, BIOTECHABS, BIOTECHDS,
BIOTECHNO, CABA, CANCERLIT, CAPLUS, CEABA-VTB, CEN, CIN, CONFSCI, CROPB,
CROPU, DDFB, DDFU, DGENE, DISSABS, ...' ENTERED AT 17:44:30 ON 15 JUN 2005

75 FILES IN THE FILE LIST IN STNINDEX

Enter SET DETAIL ON to see search term postings or to view
search error messages that display as 0* with SET DETAIL OFF.

=> s byrne m?/au

52	FILE ADISCTI
0*	FILE ADISINSIGHT
0*	FILE ADISNEWS
59	FILE AGRICOLA
2	FILE ANABSTR
109	FILE ANTE
6	FILE AQUALINE
64	FILE AQUASCI
92	FILE BIOBUSINESS
0*	FILE BIOCOMMERCE
25	FILE BIOENG
620	FILE BIOSIS
20	FILE BIOTECHABS
20	FILE BIOTECHDS
112	FILE BIOTECHNO
98	FILE CABA
102	FILE CANCERLIT
328	FILE CAPLUS
13	FILE CEABA-VTB
0*	FILE CIN
49	FILE CONFSCI
5	FILE CROPU
16	FILE DDFB

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        61    FILE DDFU
       129    FILE DGENE
        53    FILE DISSABS
        16    FILE DRUGB
         0*   FILE DRUGMONOG2
        61    FILE DRUGU
         5    FILE EMBAL
       432    FILE EMBASE
       252    FILE ESBIOBASE
         4    FILE FEDRIP
        82    FILE FOMAD
         0*   FILE FOREGE
       170    FILE FROSTI
       119    FILE FSTA
         7    FILE HEALSAFE
        71    FILE IFIPAT
         0*   FILE IMSDRUGNEWS
         0*   FILE IMSPRODUCT
         0*   FILE IMSRESEARCH
         5    FILE JICST-EPLUS
       152    FILE LIFESCI
         0*   FILE MEDICONF
       528    FILE MEDLINE
         6    FILE NIOSHTIC
        25    FILE NTIS
         0*   FILE NUTRACEUT
        34    FILE OCEAN
       379    FILE PASCAL
         0*   FILE PCTGEN
56 FILES SEARCHED...
         0*   FILE PHAR
         0*   FILE PHARMAML
         0*   FILE PHIC
         0*   FILE PHIN
       224    FILE PROMT
         0*   FILE PROUSDDR
         0*   FILE RDISCLOSURE
       913    FILE SCISEARCH
       208    FILE TOXCENTER
        64    FILE USPATFULL
         4    FILE USPAT2
         1    FILE VETB
         3    FILE WATER
        88    FILE WPIDS
        88    FILE WPINDEX

  49 FILES HAVE ONE OR MORE ANSWERS,    75 FILES SEARCHED IN STNINDEX

L1    QUE BYRNE M?/AU

=> s goke b?/au
        23    FILE ADISCTI
         0*   FILE ADISINSIGHT
         0*   FILE ADISNEWS
         5    FILE AGRICOLA
         0*   FILE BIOCOMMERCE
        99    FILE BIOSIS
         1    FILE BIOTECHABS
         1    FILE BIOTECHDS
        66    FILE BIOTECHNO
        13    FILE CABA
        57    FILE CANCERLIT
        61    FILE CAPLUS
         0*   FILE CIN
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        12    FILE DGENE
         0*   FILE DRUGMONOG2
        21    FILE DRUGU
         2    FILE EMBAL
       280    FILE EMBASE
       120    FILE ESBIOBASE
         0*   FILE FOREGE
39 FILES SEARCHED...
         1    FILE IFIPAT
         0*   FILE IMSDRUGNEWS
         0*   FILE IMSPRODUCT
         0*   FILE IMSRESEARCH
         1    FILE LIFESCI
         0*   FILE MEDICONF
       268    FILE MEDLINE
         0*   FILE NUTRACEUT
        16    FILE PASCAL
         0*   FILE PCTGEN
         0*   FILE PHAR
         0*   FILE PHARMAML
         0*   FILE PHIC
         0*   FILE PHIN
         0*   FILE PROUSDDR
         0*   FILE RDISCLOSURE
       452    FILE SCISEARCH
        62    FILE TOXCENTER
         1    FILE USPATFULL
         4    FILE WPIDS
         4    FILE WPINDEX

24 FILES HAVE ONE OR MORE ANSWERS,   75 FILES SEARCHED IN STNINDEX

L2    QUE GOKE B?/AU

=> s l1 and l2
           2    FILE ADISCTI
           0*   FILE ADISINSIGHT
           0*   FILE ADISNEWS
           1    FILE AGRICOLA
           0*   FILE BIOCOMMERCE
           4    FILE BIOSIS
           1    FILE BIOTECHNO
           1    FILE CANCERLIT
           4    FILE CAPLUS
           0*   FILE CIN
           2    FILE DDFU
           6    FILE DGENE
           0*   FILE DRUGMONOG2
           2    FILE DRUGU
           7    FILE EMBASE
           6    FILE ESBIOBASE
           0*   FILE FOREGE
           0*   FILE IMSDRUGNEWS
           0*   FILE IMSPRODUCT
           0*   FILE IMSRESEARCH
           0*   FILE MEDICONF
  49 FILES SEARCHED...
           6    FILE MEDLINE
           0*   FILE NUTRACEUT
           0*   FILE PCTGEN
           0*   FILE PHAR
           0*   FILE PHARMAML
           0*   FILE PHIC
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          0*  FILE PHIN
          0*  FILE PROUSDDR
          0*  FILE RDISCLOSURE
         13   FILE SCISEARCH
          1   FILE TOXCENTER
          1   FILE WPIDS
          1   FILE WPINDEX

  16 FILES HAVE ONE OR MORE ANSWERS,   75 FILES SEARCHED IN STNINDEX

L3   QUE L1 AND L2

=> file hits
COST IN U.S. DOLLARS                                  SINCE FILE      TOTAL
                                                         ENTRY    SESSION
FULL ESTIMATED COST                                       2.95       3.43

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FILE 'WPINDEX' ACCESS NOT AUTHORIZED

=> s l3
L4           55 L3
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=> dup rem l4
DUPLICATE IS NOT AVAILABLE IN 'DGENE'.
ANSWERS FROM THESE FILES WILL BE CONSIDERED UNIQUE
PROCESSING COMPLETED FOR L4
L5            29 DUP REM L4 (26 DUPLICATES REMOVED)
                 ANSWERS '1-13' FROM FILE SCISEARCH
                 ANSWERS '14-16' FROM FILE EMBASE
                 ANSWERS '17-22' FROM FILE DGENE
                 ANSWERS '23-24' FROM FILE ESBIOBASE
                 ANSWERS '25-26' FROM FILE BIOSIS
                 ANSWER '27' FROM FILE CAPLUS
                 ANSWER '28' FROM FILE ADISCTI
                 ANSWER '29' FROM FILE DRUGU

=> s l5 and py<1999
   4 FILES SEARCHED...
   6 FILES SEARCHED...
  10 FILES SEARCHED...
  13 FILES SEARCHED...
L6             9 L5 AND PY<1999

=> d bib abs 1-9

L6   ANSWER 1 OF 9  SCISEARCH  COPYRIGHT (c) 2005 The Thomson Corporation  on
     STN
AN   1998:606006  SCISEARCH
GA   The Genuine Article (R) Number: 106XW
TI   Glucagon-like peptide 1 improves the ability of the beta-cell to sense and
     respond to glucose in subjects with impaired glucose tolerance
AU   Byrne M M (Reprint); Gliem K; Wank U; Arnold R; Katschinski M;
     Polonsky K S; Goke B
CS   UNIV MARBURG, DEPT INTERNAL MED, CLIN RES UNIT GASTROINTESTINAL
     ENDOCRINOL, D-35033 MARBURG, GERMANY (Reprint); UNIV CHICAGO, DEPT MED,
     CHICAGO, IL 60637; PRITZKER SCH MED, CHICAGO, IL
CYA  GERMANY; USA
SO   DIABETES, (AUG 1998) Vol. 47, No. 8, pp. 1259-1265.
     Publisher: AMER DIABETES ASSOC, 1660 DUKE ST, ALEXANDRIA, VA 22314.
     ISSN: 0012-1797.
DT   Article; Journal
FS   LIFE; CLIN
LA   English
REC  Reference Count: 46
     *ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS*
AB       Impaired glucose tolerance (IGT) and NIDDM are both associated with an
     impaired ability of the P-cell to sense and respond to small changes in
     plasma glucose concentrations. The aim of this study was to establish if
     glucagon-like peptide 1 (GLP-1), a natural enteric peptide and potent
     insulin secretagogue, improves this defect. Two weight-matched groups, one
     with eight subjects having IGT (2-h glucose, 10.1 +/- 0.3 mmol/l) and
     another with seven subjects with diet-treated NIDDM (2-h glucose, 14.5 +/-
     0.9 mmol/l), mere studied on two occasions during a 12-h oscillatory
     glucose infusion, a sensitive test of the ability of the beta-cell to
     sense and respond to glucose. Glucose was infused with a mean rate of 4 mg
     . kg(-1). min(-1), amplitude 33% above and below the mean rate, and
     periodicity of 144 min, with infusion of saline or GLP-1 at 0.4 pmol .
     kg(-1). min(-1) for 12 h. Mean glucose levels were significantly lower in
     both groups during the GLP-1 infusion compared with during saline
     infusion: 9.2 +/- 0.4 vs. 6.4 +/- 0.1 mmol/l in the IGT subjects (P <
     0.0004) and 14.6 +/- 1.0 vs. 9.3 +/- 0.7 mmol/l in NIDDM subjects (P <
     0.0002). Despite this significant reduction in plasma glucose
     concentration, insulin secretion rates (ISRs) increased significantly in
     IGT subjects (513.3 +/- 77.6 vs. 583.1 +/- 100.7 pmol/min; P < 0.03), with
     a trend toward increasing in NIDDM subjects (561.7 +/- 122.16 vs. 642.8
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+/- 128 pmol/min; P = 0.1). These results were compatible with enhanced insulin secretion in the presence of GLP-1. Spectral power was used as a measure of the ability of the P-cell to secrete insulin in response to small changes in the plasma glucose concentration during the oscillatory infusion. Spectral power for ISR increased from 2.1 +/- 0.9 during saline infusion to 7.4 +/- 1.3 during GLP-1 infusion in IGT subjects (P < 0.004), but was unchanged in NIDDM subjects (1.0 +/- 0.4 to 1.5 +/- 0.6; P = 0.3). We concluded that low dosage GLP-1 improves the ability of the beta-cell to secrete insulin in both IGT and NIDDM subjects, but that the ability to sense and respond to subtle changes in plasma glucose is improved in IGT subjects, with only a variable response in NIDDM subjects. beta-Cell dysfunction was improved by GLP-1 infusion, suggesting that early GLP-1 therapy may preserve beta-cell function in subjects with IGT or mild NIDDM.

L6 ANSWER 2 OF 9 SCISEARCH COPYRIGHT (c) 2005 The Thomson Corporation on STN
AN 1998:462137 SCISEARCH
GA The Genuine Article (R) Number: ZL335
TI GLP-1 improves first phase insulin secretion without altering insulin sensitivity in subjects with impaired glucose tolerance
AU **Byrne M (Reprint)**; Ulrich W; Katschinski M; **Goke B**
SO DIABETES, (**MAY 1998**) Vol. 47, Supp. [1], pp. 744-744.
Publisher: AMER DIABETES ASSOC, 1660 DUKE ST, ALEXANDRIA, VA 22314.
ISSN: 0012-1797.
DT Conference; Journal
FS LIFE; CLIN
LA English
REC Reference Count: 0

L6 ANSWER 3 OF 9 SCISEARCH COPYRIGHT (c) 2005 The Thomson Corporation on STN
AN 1998:191995 SCISEARCH
GA The Genuine Article (R) Number: YZ534
TI Inhibitory effects of hyperglycaemia on fed jejunal motility: potential role of hyperinsulinaemia
AU **Byrne M M (Reprint)**; Pluntke K; Wank U; Schirra J; Arnold R; **Goke B**; Katschinski M
CS UNIV MARBURG, DEPT GASTROENTEROL & ENDOCRINOL, CLIN RES UNIT GASTROINTESTINAL ENDOCRINOL, D-35033 MARBURG, GERMANY (Reprint)
CYA GERMANY
SO EUROPEAN JOURNAL OF CLINICAL INVESTIGATION, (**JAN 1998**) Vol. 28, No. 1, pp. 72-78.
Publisher: BLACKWELL SCIENCE LTD, P O BOX 88, OSNEY MEAD, OXFORD, OXON, ENGLAND OX2 0NE.
ISSN: 0014-2972.
DT Article; Journal
FS LIFE; CLIN
LA English
REC Reference Count: 33
ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS
AB Background Acute hyperglycaemia is known to inhibit jejunal interdigestive motility. This study was undertaken to establish the effects of hyperglycaemia on fed jejunal motility and small intestinal transit time, and to establish if the effects of hyperglycaemia are mediated in part by hyperinsulinaemia.

Methods Nine healthy male volunteers were studied in random order using three experimental conditions: (a) euglycaemic clamp (glucose 5 mmol L-1); (b) hyperglycaemic clamp (glucose 15 mmol L-1); and (c) euglycaemic hyperinsulinaemic clamp (glucose 5 mmol L-1). Fed jejunal motility was induced by an intrajejunal perfusion of lipid (Lipofundin medium-chained triglyceride 10%) at 1.5 mL min(-1) (1.5 kcal min(-1)) for 180 min through the most proximal port of a manometry catheter (eight ports spaced at 2-cm intervals) located just distal to the ligament of Treitz. One minute after

starting the lipid perfusion, 15 g of lactulose dissolved in 20 mL of tap water was infused. Small intestinal transit time was measured by the hydrogen breath test.

Results Acute hyperglycaemia reduced the total number of jejunal contractions and progradely propagated contractions, the motility index ($P < 0.05$) and the mean amplitude of contractions and delayed intestinal transit time. Hyperinsulinaemia reduced the total number of jejunal contractions, motility index ($P < 0.05$) and intestinal transit time.

Conclusions Thus, hyperinsulinaemia may contribute to the inhibitory effects of hyperglycaemia on jejeunal motility. In addition, this study demonstrated that intrajejunal infusion of lipid stimulates sustained glucagon-like peptide-1 release. In contrast to fat-induced gastric inhibitory polypeptide release, this glucagon-like peptide-1 release is not inhibited by exogenous or endogenous hyperinsulinaemia ($P = 0.59$).

L6 ANSWER 4 OF 9 SCISEARCH COPYRIGHT (c) 2005 The Thomson Corporation on STN
AN 97:412985 SCISEARCH
GA The Genuine Article (R) Number: WX380
TI Glucagon-like peptide-1 improves the ability of the beta-cell to sense and respond to glucose in subjects with impaired glucose tolerance.
AU **Byrne M (Reprint)**; Kliem K; Wank U; Katschinski M; Arnold R; Polonsky K; **Goke B**
SO DIABETES, (**MAY 1997**) Vol. 46, Supp. [1], pp. 127-127.
Publisher: AMER DIABETES ASSOC, 1660 DUKE ST, ALEXANDRIA, VA 22314.
ISSN: 0012-1797.
DT Conference; Journal
FS LIFE; CLIN
LA English
REC Reference Count: 0

L6 ANSWER 5 OF 9 SCISEARCH COPYRIGHT (c) 2005 The Thomson Corporation on STN
AN 96:790333 SCISEARCH
GA The Genuine Article (R) Number: VN947
TI HUMAN STUDIES WITH GLUCAGON-LIKE-PEPTIDE-1 - POTENTIAL OF THE GUT HORMONE / FOR CLINICAL USE
AU **BYRNE M M (Reprint)**; **GOKE B**
CS UNIV MARBURG, DEPT INTERNAL MED, CLIN RES UNIT GASTROINTESTINAL ENDOCRINOL, D-3550 MARBURG, GERMANY (Reprint)
CYA GERMANY
SO DIABETIC MEDICINE, (**OCT 1996**) Vol. 13, No. 10, pp. 854-860.
ISSN: 0742-3071.
DT General Review; Journal
FS CLIN
LA ENGLISH
REC Reference Count: 69
ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS
AB So far, a wealth of data originating from in vitro or animal experiments has been collected supporting the concept that the gut hormone, glucagon-like peptide-1 (GLP-1) may serve as a model molecule for the design of a new drug for the treatment of diabetes mellitus. This is supported by observations that GLP-1 has potent insulinotropic action in patients with non-insulin-dependent diabetes mellitus (NIDDM). It enhances beta-cell sensitivity to glucose stimulated insulin secretion. GLP-1 may also have a role in the treatment of impaired glucose tolerance, where the beta-cell is already insensitive to changes in plasma glucose concentrations. It may, as has previously been shown in animal models of 'prediabetes', delay the progressive decline in glucose tolerance to NIDDM. The glucose-dependent action of this peptide is an important feature in the treatment of NIDDM as it will protect against hypoglycaemic reactions, the most serious acute side-effect of antidiabetic therapy. Glucose utilization may be enhanced which would improve metabolic control in both NIDDM and IDDM. A glucagon lowering effect will further enhance

metabolic control. This article reviews current experiences of the effects of GLP-1 in human studies. It points out the outcomes and limitations of previous trials and discusses future directions for the investigation of its potential use as a new agent in diabetes treatment.

L6 ANSWER 6 OF 9 SCISEARCH COPYRIGHT (c) 2005 The Thomson Corporation on STN
AN 96:593240 SCISEARCH
GA The Genuine Article (R) Number: VA493
TI INHIBITORY EFFECTS OF HYPERGLYCEMIA AND HYPERINSULINEMIA ON POSTPRANDIAL HUMAN JEJUNAL MOTILITY
AU **BYRNE M M (Reprint)**; PLUNTKE K; ARNOLD R; **GOKE B**; SCHIRRA J; KATSCHINSKI M
CS UNIV MARBURG, DEPT GASTROINTESTINAL ENDOCRINOL, D-3550 MARBURG, GERMANY
CYA GERMANY
SO DIABETOLOGIA, (**AUG 1996**) Vol. 39, Supp. 1, pp. 592.
ISSN: 0012-186X.
DT Conference; Journal
FS LIFE; CLIN
LA ENGLISH
REC No References

L6 ANSWER 7 OF 9 SCISEARCH COPYRIGHT (c) 2005 The Thomson Corporation on STN
AN 96:336245 SCISEARCH
GA The Genuine Article (R) Number: UF737
TI INHIBITORY EFFECTS OF HYPERGLYCEMIA AND HYPERINSULINEMIA ON POSTPRANDIAL HUMAN JEJUNAL MOTILITY
AU **BYRNE M (Reprint)**; PLUNTKE K; WANK U; EHLENZ K; **GOKE B** ; SCHIRRA J; KATSCHINSKI M
CS UNIV MARBURG, DEPT GASTROENTEROL, W-3550 MARBURG, GERMANY
CYA GERMANY
SO GASTROENTEROLOGY, (**APR 1996**) Vol. 110, No. 4, Supp. S, pp. A1061.
ISSN: 0016-5085.
DT Conference; Journal
FS LIFE; CLIN
LA ENGLISH
REC No References

L6 ANSWER 8 OF 9 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on STN
AN 1996:451839 BIOSIS
DN PREV199699174195
TI Inhibitory effects of hyperglycemia and hyperinsulinemia on postprandial human jejunal motility.
AU **Byrne, M. M.**; Pluntke, K.; Arnold, R.; **Goke, B.**; Schirra, J.; Katschinski, M.
CS Dep. Gastrointestinal Endocrinology, Univ. Marburg, Marburg, Germany
SO Diabetologia, (1996) Vol. 39, No. SUPPL. 1, pp. A156.
Meeting Info.: 32nd Annual Meeting of the European Association for the Study of Diabetes. Vienna, Austria. September 1-5, 1996.
CODEN: DBTGAJ. ISSN: 0012-186X.
DT Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
Conference; (Meeting Poster)
LA English
ED Entered STN: 7 Oct 1996
Last Updated on STN: 7 Oct 1996

L6 ANSWER 9 OF 9 DRUGU COPYRIGHT 2005 THE THOMSON CORP on STN
AN 1998-45051 DRUGU T E
TI GLP-1 improves first phase insulin secretion without affecting insulin sensitivity in subjects with impaired glucose tolerance.
AU **Byrne M**; Ulrich W; Katschinski M; **Goke B**

LO Marburg, Ger.
SO Diabetes (47, Suppl. 1, A192, 1998)
    CODEN: DIAEAZ ISSN: 0012-1797
AV No Reprint Address.T
LA English
DT Journal
FA AB; LA; CT
FS Literature
AN 1998-45051 DRUGU T E
AB I.v. infusion of glucagon-like peptide I (GLP-I) 0.4 pmol/kg/min for 30 min increased the acute insulin response to an i.v. glucose tolerance test, compared with saline infusion, 173.7 vs. 98.1 pmol/l/min, without affecting insulin sensitivity or glucose effectiveness, in 6 subjects (mean age 52 yr) with impaired glucose tolerance or early untreated non-insulin dependent diabetes. It is concluded that low-dose GLP-I infusion improves 1st phase insulin secretion in response to i.v. glucose. (conference abstract). (No EX).
ABEX (E33/JB)

=> log y

COST IN U.S. DOLLARS	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	83.09	86.52

STN INTERNATIONAL LOGOFF AT 17:53:41 ON 15 JUN 2005